

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 936994 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3			8			
4			8			
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7	/					
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TOTAL IND.			24			
TOTAL DEP.			14			
TOTAL CLAIMS			18			

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IND.	DEP.	IND.	DEP.	IND.
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TOTAL CLAIMS				